

PROGRAM LEVEL CLINICAL EFFICIENCY PERFORMANCE MEASURE RESULTS

SFY 2021 Final Report



Low-Acuity Non-Emergent (LANE) Emergency Room Visits – Medallion 4.0

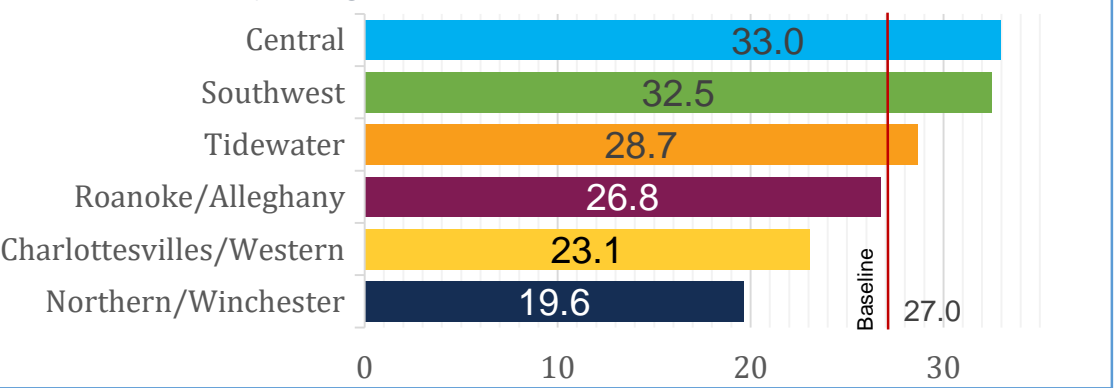
Medallion 4.0				
<div>Measure Weight¹ within Withhold</div> <div><div>■ LANE ■ Readmissions ■ PPA</div></div>				
<div>Medallion 4.0 Baseline³ LANE Visits Rate</div> <div>27.0</div>				
<div>Annual Target Percent Improvement</div> <div>3%</div>				
Year	Percent Improvement	Corresponding LANE Rate ²	Percent of LANE Weighted Withhold Earned	Percent of Total Withhold Earned
SFY 2021	0.75%	26.8	25%	11.8%
	1.5%	26.6	50%	23.5%
	2.25%	26.4	75%	35.3%
	(Target) 3%	≤ 26.2	100%	47.0%
SFY 2022 ⁴	0.75%	26.0	25%	11.8%
	1.5%	25.8	50%	23.5%
	2.25%	25.6	75%	35.3%
	(Target) 3%	≤ 25.4	100%	47.0%
<div>Notes:</div> <div>1. Measure weights represent the approximate portion of inefficiencies identified in the base CE analysis conducted by Mercer.</div> <div>2. These rates are rounded for purposes of this report.</div> <div>3. Baseline rates reflect calendar year 2019 performance.</div> <div>4. SFY 2022 targets in this report are for illustrative purposes only. Formal targets will be set in advance of SFY 2022.</div>				

Low-Acuity Non-Emergent (LANE) Emergency Room Visits Demographics – Medallion 4.0

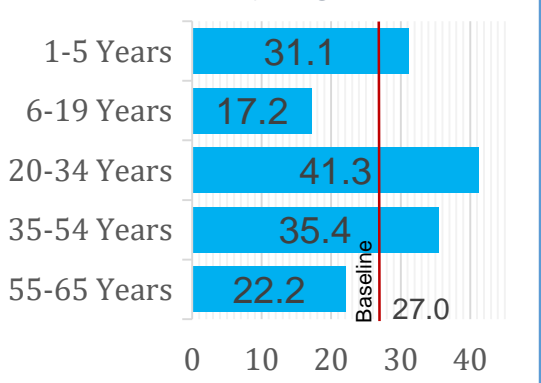
Medallion 4.0

LANE Visits Rate (Baseline) ³ 27.0	LANE ER Visits (Baseline) ¹ 313,027	Member Months (Baseline) 11,586,386
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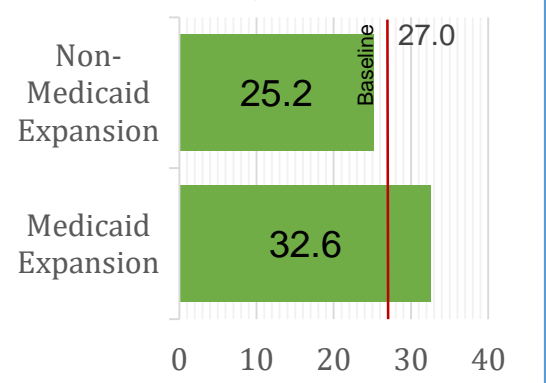
LANE Rate by Region



LANE Rate by Age



LANE Rate by Expansion



Rank	Diagnosis Code	Description	LANE ER Visits ²
1	J06.9	Acute upper respiratory infection, unspecified	31,290
2	J02.9	Acute pharyngitis, unspecified	13,317
3	N39.0	Urinary tract infection, site not specified	10,907
4	R51	Headache	9,707
5	J02.0	Streptococcal pharyngitis	8,891
6	R11.2	Nausea with vomiting, unspecified	8,710
7	J10.1	Influenza due to other identified influenza virus with other respiratory manifestations	7,443
8	J20.9	Acute bronchitis, unspecified	6,729
9	R05	Cough	6,598
10	M54.5	Low back pain	5,944
11	K52.9	Noninfective gastroenteritis and colitis, unspecified	5,889
12	R10.9	Unspecified abdominal pain	5,403
13	J45.901	Unspecified asthma with (acute) exacerbation	4,993
14	J11.1	Influenza due to unidentified influenza virus with other respiratory manifestations	4,981
15	R11.10	Vomiting, unspecified	4,733
16	H66.91	Otitis media, unspecified, right ear	4,525
17	R21	Rash and other nonspecific skin eruption	4,302
18	H66.92	Otitis media, unspecified, left ear	4,030
19	N76.0	Acute vaginitis	3,961
20	K04.7	Periapical abscess without sinus	3,755
21	R19.7	Diarrhea, unspecified	3,576
22	J18.9	Pneumonia, unspecified organism	3,493
23	R10.84	Generalized abdominal pain	3,251
24	R42	Dizziness and giddiness	3,092
25	R1013	Epigastric pain	2,797
Total LANE ER Visits from Top 25 Diagnoses			172,317
Percent of Top 25 Diagnoses as a percentage of Total LANE ER Visits			55%

Notes:

- 1. Total LANE ER visits with diagnosis code, after adjusting for preventability (%), and rounded to the nearest whole number.
- 2. Total LANE ER Visits with diagnosis code, after adjusting for preventability (%), and rounded to the nearest whole number.
- 3. Baseline rates reflect calendar year 2019 performance.

Hospital Readmissions – Medallion 4.0

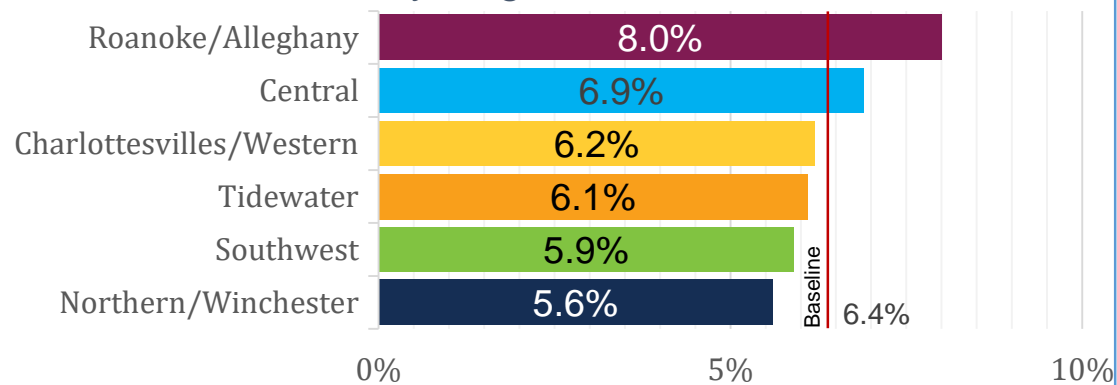
Medallion 4.0					
<div>Measure Weight¹ within Withhold</div> <div><p>■ LANE ■ Readmissions ■ PPA</p></div>	Year	Percent Improvement	Corresponding Readmissions Rate ²	Percent of Readmissions Weighted Withhold Earned	Percent of Total Withhold Earned
SFY 2021		1.25%	6.3%	25%	4.5%
		2.5%	6.2%	50%	9.0%
		3.75%	6.2%	75%	13.5%
		(Target) 5%	≤ 6.1%	100%	18%
SFY 2022 ⁴		1.25%	6.0%	25%	4.5%
		2.5%	5.9%	50%	9.0%
		3.75%	5.9%	75%	13.5%
		(Target) 5%	≤ 5.8%	100%	18%
Medallion 4.0 Baseline ³ Readmissions Rate		6.4%			
Annual Target Percent Improvement		5%			
<div>Notes:</div> <div>1. Measure weights represent the approximate portion of inefficiencies identified in the base CE analysis conducted by Mercer.</div> <div>2. These rates are rounded for purposes of this report.</div> <div>3. Baseline rates reflect calendar year 2019 performance.</div> <div>4. SFY 2022 targets in this report are for illustrative purposes only. Formal targets will be set in advance of SFY 2022.</div>					

Hospital Readmissions Demographics – Medallion 4.0

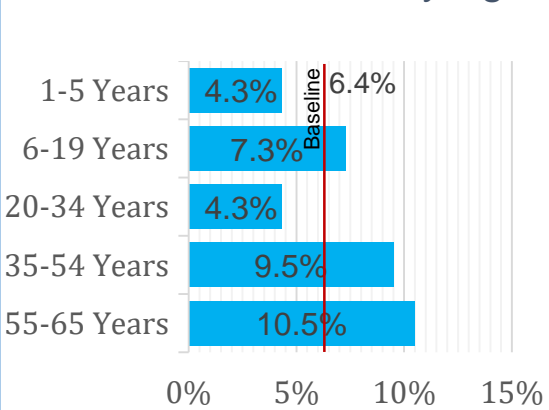
Medallion 4.0

Readmissions Rate (Baseline) 6.4%	Readmissions (Baseline) ¹ 3,942	Admissions (Baseline) 61,290
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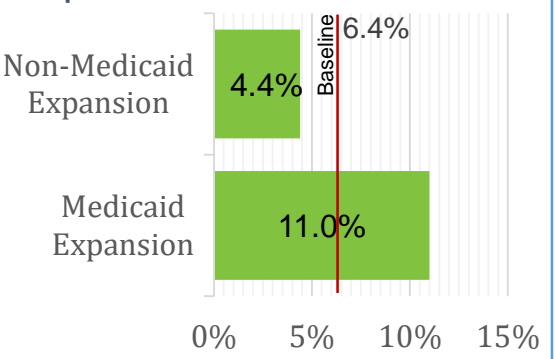
Readmissions Rate by Region



Readmissions Rate by Age



Readmissions Rate by Expansion



Notes:

1. Baseline rates reflect calendar year 2019 performance.

Rank	Diagnosis Code	Description	Readmissions	Percent of Readmissions
1	F33	Major depressive disorder, recurrent	462	12%
2	F31	Bipolar affective disorder	202	5%
3	F10	Alcohol related disorders	199	5%
4	E10	Type 1 diabetes mellitus	158	4%
5	F34	Persistent mood [affective] disorders	148	4%
6	F32	Major depressive disorder, single episode	147	4%
7	F25	Schizoaffective disorders	128	3%
8	A41	Other Sepsis	110	3%
9	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	91	2%
10	T81	Complications of procedures, not elsewhere classified	89	2%
Total from Top 10 Diagnoses			1,734	44%

Potentially Preventable Hospital Admissions (PPA) – Medallion 4.0

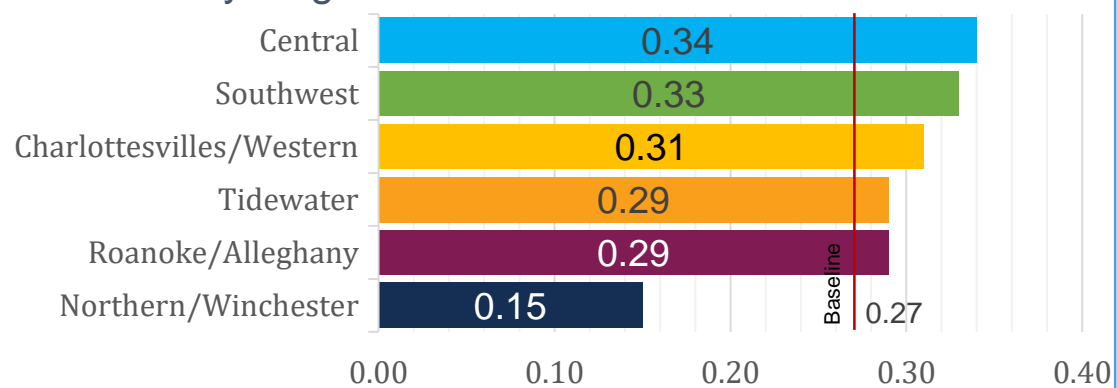
Medallion 4.0																																											
<div>Measure Weight¹ within Withhold</div> <div><div>■ LANE ■ Readmissions ■ PPA</div></div>		<table><tr><th>Year</th><th>Percent Improvement</th><th>Corresponding PPA Rate²</th><th>Percent of PPA Weighted Withhold Earned</th><th>Percent of Total Withhold Earned</th></tr><tr><td rowspan="4">SFY 2021</td><td>2.5%</td><td>0.26</td><td>25%</td><td>8.8%</td></tr><tr><td>5.0%</td><td>0.26</td><td>50%</td><td>17.5%</td></tr><tr><td>7.5%</td><td>0.25</td><td>75%</td><td>26.3%</td></tr><tr><td>(Target) 10%</td><td>≤ 0.24</td><td>100%</td><td>35.0%</td></tr><tr><td rowspan="4">SFY 2022⁵</td><td>2.5%</td><td>0.24</td><td>25%</td><td>8.8%</td></tr><tr><td>5.0%</td><td>0.23</td><td>50%</td><td>17.5%</td></tr><tr><td>7.5%</td><td>0.22</td><td>75%</td><td>26.3%</td></tr><tr><td>(Target) 10%</td><td>≤ 0.22</td><td>100%</td><td>35.0%</td></tr></table>			Year	Percent Improvement	Corresponding PPA Rate ²	Percent of PPA Weighted Withhold Earned	Percent of Total Withhold Earned	SFY 2021	2.5%	0.26	25%	8.8%	5.0%	0.26	50%	17.5%	7.5%	0.25	75%	26.3%	(Target) 10%	≤ 0.24	100%	35.0%	SFY 2022 ⁵	2.5%	0.24	25%	8.8%	5.0%	0.23	50%	17.5%	7.5%	0.22	75%	26.3%	(Target) 10%	≤ 0.22	100%	35.0%
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<div>Annual Target Percent Improvement⁴</div> <div>10%</div>		<div>Notes:</div> <div><div>1. Measure weights represent the approximate portion of inefficiencies identified in the base CE analysis conducted by Mercer.</div><div>2. These rates are rounded for purposes in this report.</div><div>3. Baseline rates reflect calendar year 2019 performance.</div><div>4. DMAS will cap the PPA annual performance improvement target at 10% for SFY 2021. This is a reduction from the 15% necessary under the Medallion program to account for identified PPA inefficiencies. DMAS will impose this adjustment to account for the portion of identified inefficiencies that MCOs can reasonably reduce each year and may revisit this percentage in future years.</div><div>5. SFY 2022 targets in this report are for illustrative purposes only. Formal targets will be set in advance of SFY 2022.</div></div>																																									

Potentially Preventable Hospital Admissions (PPA) Demographics – Medallion 4.0

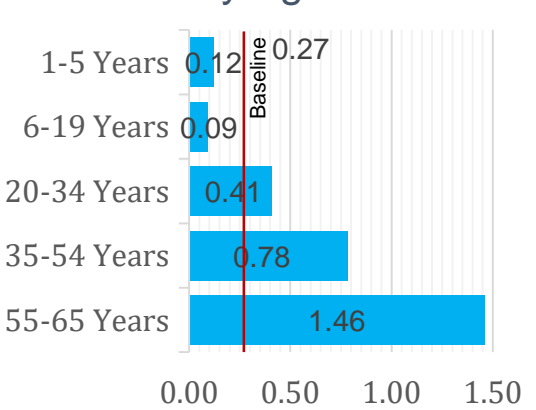
Medallion 4.0

PPA Rate (Baseline) 0.27	PPAs (Baseline) ¹ 2,694	Member Months (Baseline) 9,840,495
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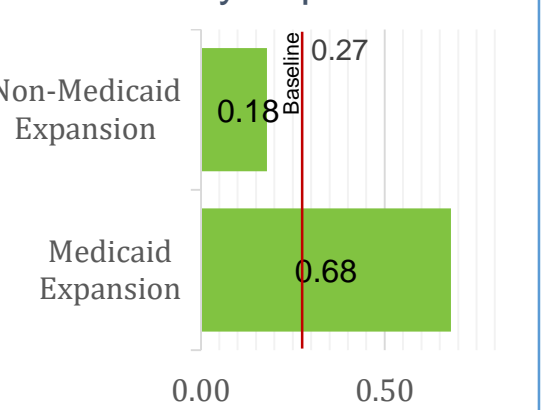
PPA Rate by Region



PPA Rate by Age



PPA Rate by Expansion



PDI or PQI	Description	Potentially Avoidable Admissions	Percent of Potentially Avoidable Admissions
PQI 01	Diabetes Short-Term Complications	597	22%
PQI 03	Diabetes Long-Term Complications	224	8%
PQI 05	COPD/ Asthma	240	9%
PQI 07	Hypertension	113	4%
PQI 08	Heart Failure	331	12%
PQI 11	Bacterial pneumonia	215	8%
PQI 12	Urinary Tract Infection	149	6%
PQI 14	Uncontrolled Diabetes	69	3%
PQI 15	Adult Asthma	105	4%
PQI 16	Lower-Extremity Amputation Among Patients with Diabetes	58	2%
PDI 14	Asthma Admission rate	321	12%
PDI 15	Diabetes Short-Term Complications	116	4%
PDI 16	Gastroenteritis	103	4%
PDI 18	Urinary Tract Infection	53	2%
Total PPAs		2,694	100%

Notes:

1. Baseline rates reflect calendar year 2019 performance.

Low-Acuity Non-Emergent (LANE) Emergency Room Visits – CCC+

Commonwealth Coordinated Care Plus					
<div>Measure Weight¹ within Withhold</div> <div>■ LANE ■ Readmissions ■ PPA</div> <div>CCC+ Baseline³ LANE Visits Rate</div> <div>43.1</div> <div>Annual Target Percent Improvement</div> <div>1%</div>	Year	Percent Improvement	Corresponding LANE Rate ²	Percent of LANE Weighted Withhold Earned	Percent of Total Withhold Earned
	SFY 2021	0.25%	43.0	25%	1.3%
		0.5%	42.9	50%	2.5%
		0.75%	42.8	75%	3.8%
		(Target) 1%	≤ 42.6	100%	5.0%
	SFY 2022 ⁴	0.25%	42.5	25%	1.3%
		0.5%	42.4	50%	2.5%
		0.75%	42.3	75%	3.8%
		(Target) 1%	≤ 42.2	100%	5.0%
	Notes: 1. Measure weights represent the approximate portion of inefficiencies identified in the base CE analysis conducted by Mercer. 2. These rates are rounded for purposes of this report. 3. Baseline rates reflect calendar year 2019 performance. 4. SFY 2022 targets in this report are for illustrative purposes only. Formal targets will be set in advance of SFY 2022.				

Low-Acuity Non-Emergent (LANE) Emergency Room Visits Demographics – CCC+

LANE Visits Rate
(Baseline)³
43.1

LANE ER Visits
(Baseline)¹
62,200

Member Months
(Baseline)
1,443,823

LANE Rate by Region

Central

49.3

Southwest

46.9

Tidewater

42.9

Roanoke/Alleghany

42.5

Charlottesvilles/Western

39.3

Northern/Winchester

32.5

Baseline

43.1

LANE Rate by Age

1-5 Years

36.6

6-19 Years

21.7

20-34 Years

46.0

35-54 Years

56.4

55-65 Years

41.9

Baseline

43.1

LANE Rate by Expansion

Non-Medicaid Expansion

41.3

Medicaid Expansion

49.7

Baseline

43.1

Notes:

1. Total LANE ER visits with diagnosis code, after adjusting for preventability (%), and rounded to the nearest whole number.

2. Total LANE ER Visits with diagnosis code, after adjusting for preventability (%), and rounded to the nearest whole number.

3. Baseline rates reflect calendar year 2019 performance.

Rank	Diagnosis Code	Description	LANE ER Visits ²
1	J06.9	Acute upper respiratory infection, unspecified	3,169
2	N390	Urinary tract infection, site not specified	2,654
3	R51	Headache	2,406
4	M545	Low back pain	2,284
5	J209	Acute bronchitis, unspecified	1,952
6	J441	Chronic obstructive pulmonary disease with (acute) exacerbation	1,719
7	R112	Nausea with vomiting, unspecified	1,673
8	R109	Unspecified abdominal pain	1,550
9	J029	Acute pharyngitis, unspecified	1,212
10	E1165	Type 2 diabetes mellitus with hyperglycemia	1,203
11	R05	Cough	1,117
12	R42	Dizziness and giddiness	973
13	J45901	Unspecified asthma with (acute) exacerbation	962
14	R1084	Generalized abdominal pain	922
15	K529	Noninfective gastroenteritis and colitis, unspecified	920
16	K047	Periapical abscess without sinus	884
17	J189	Pneumonia, unspecified organism	805
18	I10	Essential (primary) hypertension	756
19	M542	Cervicalgia	741
20	R1013	Epigastric pain	720
21	J40	Bronchitis, not specified as acute or chronic	659
22	M25561	Pain in left knee	647
23	M25562	Pain in right knee	620
24	R21	Rash and other nonspecific skin Eruption	616
25	N3000	Acute cystitis without hematuria	612
Total LANE ER Visits from Top 25 Diagnoses			31,777
Percent of Top 25 Diagnoses as a percentage of Total LANE ER Visits			51%

Hospital Readmissions – CCC+

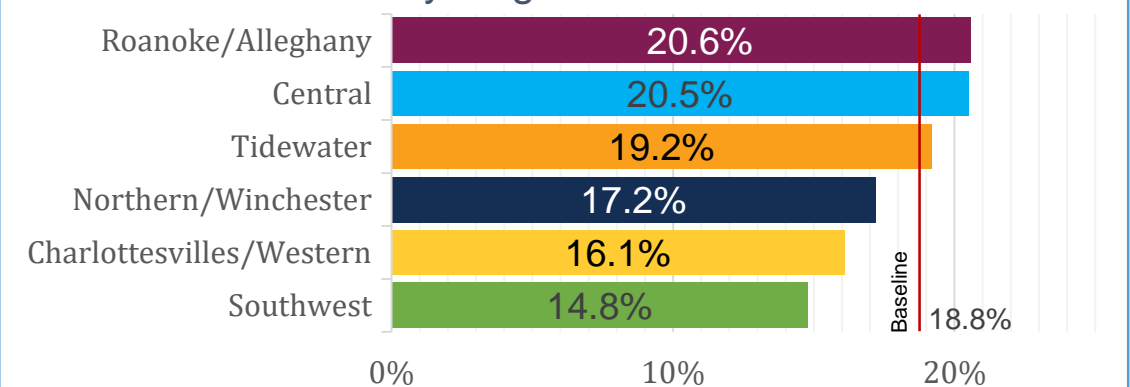
Commonwealth Coordinated Care Plus					
<div>Measure Weight¹ within Withhold</div> <div><div>■ LANE ■ Readmissions ■ PPA</div></div> <div>CCC+ Baseline³ Readmissions Rate</div> <div>18.8%</div> <div>Annual Target Percent Improvement</div> <div>8%</div>	Year	Percent Improvement	Corresponding Readmissions Rate ²	Percent of Readmissions Weighted Withhold Earned	Percent of Total Withhold Earned
	SFY 2021	2.0%	18.4%	25%	8.5%
		4.0%	18.0%	50%	17.0%
		6.0%	17.7%	75%	25.5%
		(Target) 8%	≤ 17.3%	100%	34.0%
	SFY 2022 ⁴	2.0%	17.0%	25%	8.5%
		4.0%	16.6%	50%	17.0%
		6.0%	16.3%	75%	25.5%
		(Target) 8%	≤ 15.9%	100%	34.0%
	Notes:				
	1. Measure weights represent the approximate portion of inefficiencies identified in the base CE analysis conducted by Mercer.				
	2. These rates are rounded for purposes of this report.				
	3. Baseline rates reflect calendar year 2019 performance.				
	4. SFY 2022 targets in this report are for illustrative purposes only. Formal targets will be set in advance of SFY 2022.				

Hospital Readmissions Demographics – CCC+

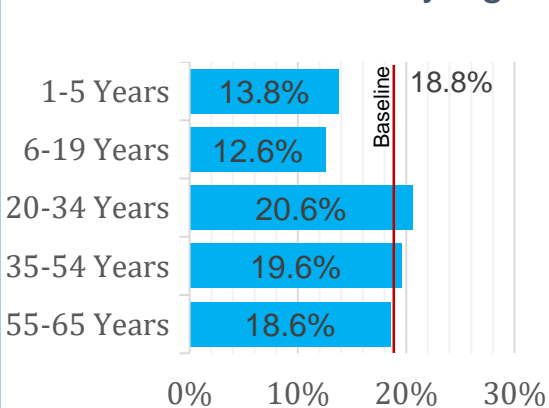
Commonwealth Coordinated Care Plus

Readmissions Rate (Baseline) 18.8%	Readmissions (Baseline) ¹ 5,209	Admissions (Baseline) 27,747
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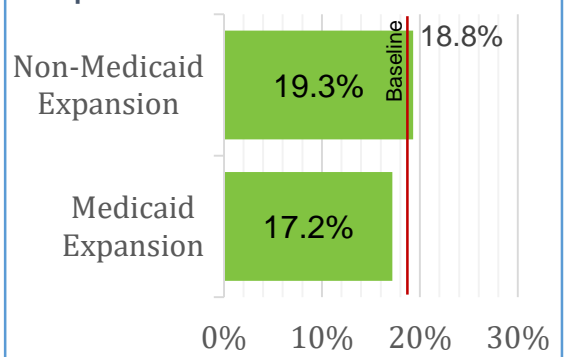
Readmissions Rate by Region



Readmissions Rate by Age



Readmissions Rate by Expansion



Notes:

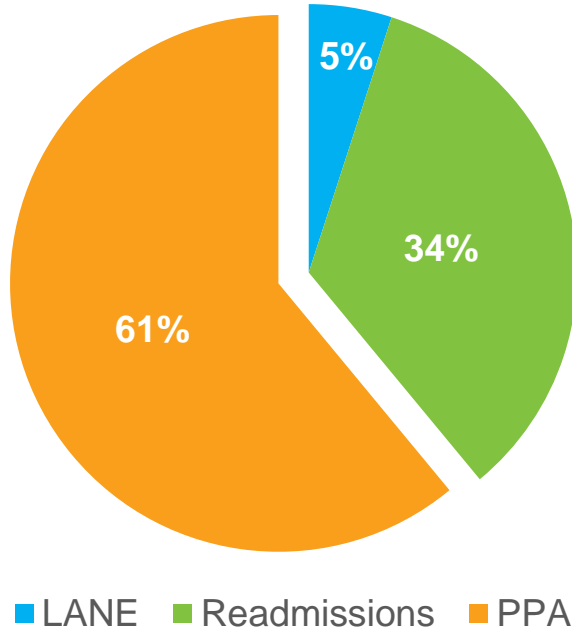
1. Baseline rates reflect calendar year 2019 performance.

Rank	Diagnosis Code	Description	Readmissions	Percent of Readmissions
1	F25	Schizoaffective disorders	549	11%
2	F33	MDD recurrent moderate	411	8%
3	F31	Bipolar affective disorder	337	6%
4	A41	Other Sepsis	286	5%
5	F10	Alcohol abuse, uncomplicated	204	4%
6	F20	Schizophrenia	179	3%
7	I13	Hypertensive heart and chronic kidney disease	171	3%
8	E10	Type 1 diabetes mellitus	162	3%
9	E11	Type 2 diabetes mellitus	125	2%
10	J96	Respiratory Failure	114	2%
Total from Top 10 Diagnoses			2,538	49%

Potentially Preventable Hospital Admissions (PPA) – CCC+

Commonwealth Coordinated Care Plus

Measure Weight¹ within Withhold



CCC+ Baseline³ PPA Rate

2.94

Annual Target Percent Improvement⁴

10%

Year	Percent Improvement	Corresponding PPA Rate ²	Percent of PPA Weighted Withhold Earned	Percent of Total Withhold Earned
SFY 2021	2.5%	2.87	25%	15.3%
	5.0%	2.79	50%	30.5%
	7.5%	2.72	75%	45.8%
	(Target) 10%	≤ 2.65	100%	61.0%
SFY 2022 ⁵	2.5%	2.58	25%	15.3%
	5.0%	2.51	50%	30.5%
	7.5%	2.45	75%	45.8%
	(Target) 10%	≤ 2.38	100%	61.0%

Notes:

1. Measure weights represent the approximate portion of inefficiencies identified in the base CE analysis conducted by Mercer.

2. These rates are rounded for purposes in this report.

3. Baseline rates reflect calendar year 2019 performance.

4. DMAS will cap the PPA annual performance improvement target at 10% for SFY 2021. This is a reduction from the 15% necessary under the Medallion program to account for identified PPA inefficiencies. DMAS will impose this adjustment to account for the portion of identified inefficiencies that MCOs can reasonably reduce each year and may revisit this percentage in future years.

5. SFY 2022 targets in this report are for illustrative purposes only. Formal targets will be set in advance of SFY 2022.

Potentially Preventable Hospital Admissions (PPA) Demographics – CCC+

PPA Rate
(Baseline)
2.94

PPAs
(Baseline)¹
3,695

Member Months
(Baseline)
1,256,137

PPA Rate by Region

Central

3.42

Tidewater

3.14

Charlottesvilles/Western

2.94

Roanoke/Alleghany

2.87

Southwest

2.60

Northern/Winchester

2.01

0

1

2

3

4

Baseline

2.94

PPA Rate by Age

1-5 Years

0.85

6-19 Years

0.32

20-34 Years

1.33

35-54 Years

3.81

55-65 Years

5.92

0

1

2

3

4

5

6

Baseline

2.94

PPA Rate by Expansion

Non-Medicaid Expansion

3.06

Medicaid Expansion

2.25

0

1

2

3

4

Baseline

2.94

Notes:

1. Baseline rates reflect calendar year 2019 performance.

PDI or PQI	Description	Potentially Avoidable Admissions	Percent of Potentially Avoidable Admissions
PQI 01	Diabetes Short-Term Complications	456	12%
PQI 03	Diabetes Long-Term Complications	374	10%
PQI 05	COPD/ Asthma	836	23%
PQI 07	Hypertension	153	4%
PQI 08	Heart Failure	1,012	27%
PQI 11	Bacterial pneumonia	322	9%
PQI 12	Urinary Tract Infection	195	5%
PQI 14	Uncontrolled Diabetes	122	3%
PQI 15	Adult Asthma	35	1%
PQI 16	Lower-Extremity Amputation Among Patients with Diabetes	88	2%
PDI 14	Asthma Admission Rate	35	1%
PDI 15	Diabetes Short-Term Complications	14	0%
PDI 16	Gastroenteritis	36	1%
PDI 18	Urinary Tract Infection	17	0%
Total PPAs		3,695	100%